

SERFF Tracking #:	FRCS-128579961	State Tracking #:	Company Tracking #: 5771
State:	Arkansas	Filing Company:	Starmount Life Insurance Company
TOI/Sub-TOI:	L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	Youth Life Filing		
Project Name/Number:	StarLife/61/61		

Filing at a Glance

Company: Starmount Life Insurance Company
 Product Name: Youth Life Filing
 State: Arkansas
 TOI: L07I Individual Life - Whole
 Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
 Filing Type: Form
 Date Submitted: 07/18/2012
 SERFF Tr Num: FRCS-128579961
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: 5771

 Implementation: On Approval
 Date Requested:
 Author(s): Marilyn Odell
 Reviewer(s): Linda Bird (primary)
 Disposition Date: 07/24/2012
 Disposition Status: Approved-Closed
 Implementation Date:

 State Filing Description:

SERFF Tracking #:	FRCS-128579961	State Tracking #:	Company Tracking #: 5771
State:	Arkansas	Filing Company:	Starmount Life Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	Youth Life Filing		
Project Name/Number:	StarLife/61/61		

General Information

Project Name: StarLife/61	Status of Filing in Domicile: Pending
Project Number: 61	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Submitted in domicile state (LA) through IIPRC filing on or about this same date.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 07/24/2012
	State Status Changed: 07/24/2012
Deemer Date:	Created By: Marilyn Odell
Submitted By: Exselsa Cartwright	Corresponding Filing Tracking Number:

Filing Description:

We have been retained by Starmount Life Insurance Company to file the enclosed forms for approval in your state.

Our fee of \$150 has been sent by EFT on this same date.

The Company offers their assurances that the Complaint Notice required by Section 23-79-138 and the Guaranty Association notice required by Regulation 49 will be provided.

This filing is not marketed with an illustration.

The enclosed policy is an individual modified premium whole life policy. It replaces previously approved policy 11-001-AR, approved October of 2006.

Application form YLAPP1 will be used to apply for this policy. Form 12-001 YLUP will be used to apply for an increase to the face amount of this policy.

This individual modified premium whole life product will continue to be marketed through individual mailers or through other affinity marketing, such as associations, and also through agents as standalone coverage to individuals at the workplace and through the Internet. The application will be placed on our website upon approval.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Marilyn Odell, Compliance Specialist	marilyn.odell@firstconsulting.com
1020 Central	800-927-2730 [Phone] 2835 [Ext]
Suite 201	816-391-2755 [FAX]
Kansas City, MO 64105	

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Filing Company Information

(This filing was made by a third party - FC01)

Starmount Life Insurance Company	CoCode: 68985	State of Domicile: Louisiana
8485 Goodwood Blvd.	Group Code:	Company Type:
Baton Rouge, LA 70809	Group Name:	State ID Number:
(225) 400-9282 ext. [Phone]	FEIN Number: 72-0977315	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	\$50 per form x 3 = \$150
Per Company:	No

Company	Amount	Date Processed	Transaction #
Starmount Life Insurance Company	\$150.00	07/18/2012	61010210

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Product Name:	Youth Life Filing			
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/24/2012	07/24/2012

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Disposition

Disposition Date: 07/24/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Third Party Authorization		Yes
Supporting Document	Certification of compliance		Yes
Form	Modified Whole Life Policy		Yes
Form	Youth Application for Modified Whole Life Insurance		Yes
Form	Application for Policy Increase for Modified Whole Life Insurance		Yes

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Product Name:	Youth Life Filing				
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Form Schedule

Lead Form Number: 12-001-AR							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1		12-001-AR	POL	Modified Whole Life Policy	Initial:	52.400	Youth Life Policy 12-001-AR.pdf
2		YLAPP1	AEF	Youth Application for Modified Whole Life Insurance	Initial:	50.000	YLAPP-1.pdf
3		12-001 YLUP	AEF	Application for Policy Increase for Modified Whole Life Insurance	Initial:	50.000	12-001 YLUP.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Starmount Life Insurance Company
[8485 Goodwood Boulevard]
[Post Office Box 98100]
[Baton Rouge, LA 70806-7878]
[www.StarmountLife.com]

A STOCK LIFE INSURANCE COMPANY

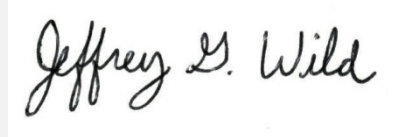
Starmount Life Insurance Company will pay the proceeds of this policy to the beneficiary upon receiving proof of the insured's death.

30-day right to examine this policy – You have the right to cancel this policy within 30 days after You receive it. To cancel, mail or return the policy to our home office or to any of our agents. The policy will be treated as if it had not been issued and any premium paid, including any fees or charges, will be returned.

Please read Your policy carefully. This policy is a legal contract between Starmount Life Insurance Company and the Owner.



Chairman



Secretary

Modified Whole Life Policy

Non-Participating - No dividends payable

Premium Payable to age 120

Premiums Increased on Policy Anniversary following Attained Age 26.

STARMOUNT LIFE INSURANCE COMPANY
[P. O. Box 98100, Baton Rouge, LA 70898-9100]

Call toll-free at [1-888-729-5443] for questions or coverage information.

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POLICY SPECIFICATIONS

INSURED:	[John Doe]	POLICY NUMBER:	[Z000000000]
AGE OF INSURED:	[0]	POLICY DATE:	[Feb.2, 2004]
AMOUNT OF INSURANCE:	[\$5,000]	NON-FORFEITURE INTEREST RATE:	4.5%
OWNER:	[Jane Doe]		
BENEFICIARY:	[Mary Doe]		

PREMIUM SCHEDULE

<u> [\$20] </u>	PER YEAR TO AGE 26	<u> [\$75.00] </u>	PER YEAR THERE AFTER
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INSURED: [John Doe]

POLICY NUMBER [12345678]

AGE OF INSURED: [0]

AMOUNT OF INSURANCE: [\$5,000]

TABLE OF GUARANTEED POLICY VALUES

Non-Forfeiture Values per \$1000

End of Policy Year	Cash Value	Reduced Paid-Up Insurance	Extended Term Insurance Years	Days
1	\$0.00	\$0.00	0	0
2	\$0.00	\$0.00	0	0
3	\$0.00	\$0.00	0	0
4	\$0.00	\$0.00	0	0
5	\$0.00	\$0.00	0	0
6	\$0.00	\$0.00	0	0
7	\$0.00	\$0.00	0	0
8	\$0.00	\$0.00	0	0
9	\$0.00	\$0.00	0	0
10	\$0.00	\$0.00	0	0
11	\$0.00	\$0.00	0	0
12	\$0.00	\$0.00	0	0
13	\$0.00	\$0.00	0	0
14	\$0.00	\$0.00	0	0
15	\$0.12	\$2.00	0	90
16	\$1.08	\$14.00	1	317
17	\$2.00	\$24.00	3	64
18	\$2.90	\$34.00	4	178
19	\$3.79	\$42.00	5	303
20	\$4.70	\$50.00	7	54
Age 60	\$339.63	\$826.00	27	187
Age 62	\$369.24	\$844.00	26	157
Age 65	\$415.00	\$868.00	24	273

The values shown are the guaranteed values provided by the policy assuming that the full annual premium shown on the Policy Specification Page is paid each year. These values assume that there is no indebtedness on the policy. Values for years not shown will be provided upon request.

THE PARTIES TO THIS POLICY

We, Our, Us, the Company:	Starmount Life Insurance Company
You or Your:	The owner of this policy as listed on the Policy Specification Page
Insured:	The person listed on the Policy Specification Page whose life is insured under the policy

OWNERSHIP

As the owner, You can exercise the rights described in this policy.

If You are not the Insured, You can name a **Contingent Owner**. The contingent owner would be the party to whom ownership of this policy would pass if You die before the insured while this policy is in force. If there is no contingent owner, then ownership would pass to Your estate.

You have the right to transfer ownership. Any change of ownership must be made in writing on a form satisfactory to us, and sent to our home office. Unless You specify otherwise, the change will take effect as of the date it was signed, subject to any payments made or actions We take prior to receipt of the change.

BENEFICIARY

You have the right to name a **Beneficiary**. The beneficiary is the party to receive the proceeds payable at the insured's death. The beneficiary is named on the Policy Specification Page.

You can name any beneficiary to be an **Irrevocable Beneficiary**. An irrevocable beneficiary is a beneficiary whose consent is required before You can:

- Change the beneficiary under this policy;
- Reduce or terminate the irrevocable beneficiary's right to the proceeds;
- Transfer ownership of the policy or assign it; or
- Exercise any other policy rights that may reduce the proceeds.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at Our option, to any relative by blood or connection by marriage of the payee, who in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Your Right to Change the Beneficiary

During the insured's life, You have the right to change the beneficiary other than an irrevocable beneficiary.

How to change the Beneficiary

Send a signed, written notice of the change on a form satisfactory to us to our home office. When We receive the notice, the change will take effect as of the date You signed it, unless You specify a different date. The changes will not affect any payments We make or actions We take before receiving the notice.

ASSIGNMENT

You can assign (transfer) Your rights under this policy as security for a loan or for other reasons. Send a signed, written notice of the assignment on a form satisfactory to us to our home office. Unless You specify otherwise, the change will take effect as of the date You signed it, subject to any payments We make or actions We take prior to receipt of the notice. This does not change the ownership of this policy, but Your rights and any beneficiary's rights are subject to the terms of the assignment.

The assignment is not binding on us until We receive and record a copy at our home office. We are not responsible for the validity of the assignment.

GENERAL PROVISIONS

Policy Dates

The policy date is the effective date of coverage under this policy, if all the terms of the application and policy are satisfied, including the payment of all premium due. Premium due dates and policy months, years and anniversaries are measured from the policy date shown on the Policy Specifications Page.

Contract

This policy is a legal contract and consists of:

- The Policy, endorsements, riders and attachment, if any; and
- Any Application attached to the policy.

This policy and all attachments are the entire contract of insurance. No change in this policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of its provisions.

Limits on Our Contesting the Policy

We rely on all statements made in the application. Legally, these statements, in the absence of fraud, are considered to be representations and not warranties. We can contest the validity of this policy or deny a claim for suicide or for any material misrepresentation. To do so, the misrepresentation must have been made in the application, and a copy of the application must have been attached to this policy.

We cannot contest the validity of this policy after it has been in effect during the insured's life for two years from the policy issue date or, if this policy has been reinstated, for two years from the reinstatement date. This two-year limitation does not apply to any policy rider. This does not prevent us from legally terminating the policy if premiums are not paid.

Suicide

If the insured commits suicide, while sane or insane, within two years from the policy date, the only proceeds payable will be the premiums paid.

Misstatement of Age

If the age of the Insured has been misstated, the amount payable will be the amount that the premium paid would have purchased at the correct age.

Termination Provision

This Policy terminates on the earliest of:

1. The date We receive written request from You to request termination; or
2. Date Insured dies; or
3. The policy anniversary after the insured reaches age 120; or
4. On any premium due date, if premium is not paid within 31 days following the premium due date; or
5. Date in which this Policy is surrendered.

Conformity with State and Federal Statutes

Any provisions of this policy that on its effective date is in conflict with the statutes of the state in which it was issue or with any federal statutes is hereby amended to conform to the minimum requirements of such statutes.

Non-Participating

This policy will not share in our surplus earnings; therefore, dividends will not be paid on this policy.

Claims of Creditors

The proceeds of this policy will be paid free from creditors' claims to the extent allowed by law.

PREMIUM AND REINSTATEMENT

Premiums

Premiums are payable in the amount shown on the Policy Specifications Page. You may elect the frequency of the premium payment subject to Our approval.

The first premium is due as of the policy date. Premiums are payable in advance to Our Home Office.

How to Change Your Payment Frequency

You may request to change Your payment frequency by written notice to Our Home Office. All premiums due after We approve Your request will be billed on the new schedule.

Grace Period

After the first premium has been paid, this policy will stay in effect for 31 days after each premium due date. These 31 days are called the **grace period** and coverage will remain in effect. If the insured dies during the grace period, any premium then due will be subtracted from the proceeds. Premiums sent by U.S. Mail and postmarked during the grace period shall be deemed received during the grace period.

If a premium is not paid by the end of its grace period, the policy will terminate. However, coverage can be continued if there is sufficient cash value. This is explained in Non-Forfeiture Provisions.

Reinstatement

Unless You have surrendered this policy for its cash value, which is defined in the Non-Forfeiture Provisions, You may reinstate the original coverage provided by this policy. You may reinstate coverage during the insured's life within three years from the date of lapse. We can contest the validity of this policy or deny a claim for any material misrepresentation in the reinstatement application during the first two years following reinstatement.

How to Reinstate Coverage

You must apply in writing and provide proof satisfactory to us that the insured is still insurable. All unpaid premiums must be paid with interest at 6% per year.

Outstanding loans, if any, must be reinstated or repaid with interest at the policy loan interest rate.

LOANS

You may obtain a loan while this policy is in force by completing a loan agreement satisfactory to us. The policy cash value is the security for the loan.

The maximum loan value is determined by:

- Your policy's cash value as of the next premium due date. If premiums have been paid beyond the next policy anniversary or if no further premiums are due, We determine the cash value as of the next policy anniversary.
- Subtracted by any premiums due and interest in advance to the next policy anniversary.

We may defer payment of a loan for up to 6 months from the date of your request, unless the loan is made to pay premiums due to us.

Interest

Interest on loans accrues each day from the date of the loan and is compounded annually. The interest rate is 8% per year. We charge a rate of 7.41% in advance, which equals an effective annual rate of 8%.

On each policy anniversary, interest is due in advance to the next policy anniversary. Any interest not paid when due becomes part of the loan and bears interest at the same rate.

Repaying Policy Debt

Policy debt may be repaid in part or in full at any time during the insured's life while this policy is in effect. If at any time policy debt should reduce the net cash value below zero, this policy will terminate 31 days after We send written notice to You and any assignee.

PROCEEDS

The proceeds of this policy will be paid to the beneficiary if the policy is in force on the date of the insured's death. If the insured survives to age 120, We will pay the proceeds, and the policy will terminate.

If there is no beneficiary living at the time of the insured's death, the proceeds will be payable to Your estate. Proceeds will be paid in a single sum.

Payment of Proceeds

We must receive proof of death of the insured including a certified copy of the death certificate. The proof of death must show that the insured died while this policy was in effect. The instructions to obtain payment of proceeds will be provided upon request.

Amount of Proceeds

To calculate the amount of the proceeds, We add:

- The amount of insurance currently in effect under this policy on the insured's life;
- Any insurance on the insured's life provided by any benefit riders in effect; and
- The part of any premium paid for a period beyond the policy month of the insured's death.

From the above total, We subtract:

- Any unpaid premiums for coverage through the policy month of the insured's death; and
- Any unpaid policy debt from a loan.

Any premiums waived under a benefit rider will not be added to or subtracted from the proceeds. We will pay the proceeds as soon as possible after receiving due proof of death.

Interest on Proceeds

Interest will accrue on death benefit proceeds from the date of the insured's death to the date of payment at the rate required by law. Additional interest at a rate of 10% annually will be added to death proceeds beginning on the date 31 days from the latest of the following to the date of payment of claim:

- a. the date that due proof of death is received by us;
- b. the date We receive sufficient information to determine its liability, the extent of liability and the appropriate payee legally entitled to the death benefit proceeds; and
- c. the date that legal impediments to payment of death benefit proceeds are resolved and sufficient evidence of the same is provided to us.

NON-FORFEITURE PROVISIONS

Options Available

After a cash value becomes available under this policy, and if any subsequent premiums are not paid when due, You may elect one of the following options upon written request to the Company within sixty days after the due date of such premium. If You have not chosen an option within 60 days of an unpaid premium, the extended term insurance option will be used.

1. Cash Surrender. You may surrender this policy for its net cash value. The net cash value equals the cash value less any outstanding policy loan and loan interest. We may defer the payment of any cash surrender value for up to six months. If the policy is surrendered within 60 days after the due date of any unpaid premium, the cash value will not be less than it was on the due date. You may surrender this policy for its net cash value by completing a form satisfactory to us and returning this policy to us. The cash values are shown in the Table of Guaranteed Values.

2. **Reduced Paid-Up Insurance.** You can use the net cash value to buy life insurance for which no further premiums are due which will remain in force for the lifetime of the insured. The reduced paid-up insurance is the amount which the net cash value will purchase at the net single premium rate at the then attained age of the Insured. See the Table of Guaranteed Values.

3. **Extended Term Insurance.** This is a level amount of insurance for a limited period of time. You can use the cash value to purchase extended term insurance. The extended term insurance period is shown in the Table of Guaranteed Values. At the end of the extended term insurance period, this policy will terminate without value.

Calculation Basis for Cash Values and Non-Forfeiture Values

Cash Values and Non-Forfeiture values are calculated using the Standard Non-Forfeiture Value method, using the Commissioners 2001 Standard Ordinary Ultimate Mortality Table, Age Last Birthday unisex assuming 50% males and 50% females, and using the interest rate shown on the Policy Specifications Page. Cash Values will always be greater than or equal to the minimum Cash Values required by the jurisdiction in which this policy is delivered

STARMOUNT LIFE INSURANCE COMPANY

MODIFIED WHOLE LIFE POLICY

INSURANCE PAYABLE AT DEATH OF INSURED

NON-PARTICIPATING

PREMIUMS PAYABLE DURING LIFE

Premiums Increased on Policy Anniversary following Attained Age 26.

STARMOUNT LIFE INSURANCE COMPANY

[8485 Goodwood Boulevard • Baton Rouge, LA 70806-7878]

[P.O. Box 98100 • Baton Rouge, LA 70898-9100]

MULTI

Need help or a question answered?

Call our toll-free Help Hotline at

[1-888-SAY LIFE]

[(1-888-729-5433)]

[www.StarmountLife.com]

YOUTH LIFE APPLICATION FOR MODIFIED WHOLE LIFE INSURANCE (Policy No. 12-001)

1. Coverage Amount:

☐\$5,000 ☐\$10,000 ☐\$15,000 ☐\$20,000 ☐\$25,000 ☐\$30,000 ☐\$35,000 ☐\$40,000 ☐\$45,000 ☐\$50,000

2. I wish to insure the following children or grandchildren under age 26:

	Full Name of Proposed Insured (First, Middle, Last)	[Social Security Number]	Date of Birth (mm/dd/yy)	Male/ Female	Height (Ft. In.)	Weight (Lbs.)	Signature of Any Child Age 18 or Older (required)
Child 1				<input type="checkbox"/> M <input type="checkbox"/> F			
Child 2				<input type="checkbox"/> M <input type="checkbox"/> F			
Child 3				<input type="checkbox"/> M <input type="checkbox"/> F			
Child 4				<input type="checkbox"/> M <input type="checkbox"/> F			
Child 5				<input type="checkbox"/> M <input type="checkbox"/> F			
Child 6				<input type="checkbox"/> M <input type="checkbox"/> F			

3. Your Name: (check one) ☐ Parent ☐ Grandparent ☐ Permanent Legal Guardian ☐ Self

Name: _____

First Name

Middle Name

Last Name

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home/Cell Phone:(Required) (____) _____ Work Phone: (____) _____ Email: _____

4. Beneficiary: Unless otherwise noted, you will be the beneficiary.

Beneficiary: _____ Relationship to child(ren) _____

5. Anyone applying for coverage must answer these questions:

- a) Have any Proposed Insured had, scheduled or been advised to have any medical or surgical examination or current treatment for any disorder, injury or sickness (except for routine wellness exams, pregnancy, and minor infections/ailments such as sinus infections and colds)? ☐ Yes ☐ No
- b) Does any Proposed Insured now have any impairment, disorder or disease? ☐ Yes ☐ No
- c) Has any Proposed Insured ever had high blood pressure requiring 3 or more blood pressure medications; cancer; a tumor; diabetes (insulin dependent); asthma; stroke; any disease or disorder of the kidneys, heart, blood, lungs, liver; tested positive for exposure to the HIV (Human Immunodeficiency Virus) infection (in CA, tested for HIV for the purpose of obtaining insurance) or been diagnosed (in CT: Have you ever had, been told you have or have you ever been treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or AIDS related conditions?) by a health care provider as having ARC (AIDS Related Complex) or AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV infection; mental disease or disorder, alcoholism, a drug habit, or taken illegal drugs; been ticketed for DWI or DUI or had a felony conviction (If yes, circle applicable ones.)? ☐ Yes ☐ No
- d) List child or children causing yes answers to a question above. _____
- e) [Do any of the Proposed Insureds have existing life insurance policies or annuity contracts? ☐ Yes ☐ No]
- f) Do any of the Proposed Insureds have any existing insurance policies or contracts this would replace or change? ☐ Yes ☐ No
- g) **In ND only:** Have any Proposed Insured ever been diagnosed or treated by a member of the medical profession as having AIDS, ARC or the HIV infection? ☐ Yes ☐ No

[6. Payment Frequency:] ☐ Annually*] ☐ Every 6 months] ☐ Every 3 months] ☐ Monthly]

[*[5%,10%] discount for annual payment]

[7. Payment Method:]

☐ Deduct payments from my checking account. A voided check is enclosed.*]

☐ Charge payments to*: ☐ VISA ☐ MasterCard Credit Card # Exp. Date ____/____/____]

[*Payment will be immediately processed based on payment frequency elected. If monthly, 2 months premiums will be deducted/charged.]

☐ My check is enclosed, in the amount of \$_____, payable to Starmount Life. After this payment, bill me direct.

[(Not available if monthly payment frequency is elected.)]]

The full amount of insurance protection begins the first day the policy is in force. If the age or sex has been misstated, the amount payable under the policy(ies) will be such amount as the premium payment would have purchased for the correct age or sex. Benefits paid for death by suicide during the first two years this policy is in effect are limited to return of premiums paid. **I AM ENCLOSING THE INITIAL PREMIUM FOR EACH PROPOSED INSURED.** I agree the answers will be part of the policy(ies), which will not be in force until the first premium(s) is received by Starmount, the application approved, and the policy(ies) issued and delivered to me when the insured(s) is in the same health condition stated above. I declare the above answers are complete and true to the best of my knowledge and belief. Should any Proposed Insured be declined, the amount paid for said individual will be refunded. **FRAUD STATEMENTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **In AZ:** Any life insurance producer, examining physician or other person who knowingly makes a false or fraudulent statement or representation in or relative to an application for life or disability insurance, or who makes any such statement to obtain a fee, commission, money or benefit is guilty of a class 2 misdemeanor. **In D.C.:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Your Signature _____ Date ____/____/____

☐ I would like to receive e-mails on updates, product information and offerings]

☐ Send me _____ more applications for friends and relatives.]

[AGENT: Does the proposed insured have any existing policy or contract? ☐ Yes ☐ No If yes, please sign below and list the policy or contract information as requested. **Agent's (Producer) Signature:**_____ **Lic. No.:**_____

Please list the name of the insurer, policy or contract number, or application number:_____

Agent: Leave with the applicant the original or a copy of written or printed communications used for presentation to the applicant and submit a copy of the replacement notice with the application to the replacing insurer.]

(For Company Use) STAR I.D.: _____

STARMOUNT LIFE INSURANCE COMPANY

[8485 Goodwood Boulevard • Baton Rouge, LA 70806-7878]

[P.O. Box 98100 • Baton Rouge, LA 70898-9100]

Need help or a question answered?

Call our toll-free Help Hotline at

[1-888-SAY LIFE]

[(1 - 8 8 8 - 7 2 9 - 5 4 3 3)]

[www.StarmountLife.com]

MULTI

**APPLICATION FOR POLICY INCREASE
FOR MODIFIED WHOLE LIFE INSURANCE (Policy No. 12-001)**

____ **YES!** Increase [child's name] Modified Whole Life insurance protection by \$5,000.00 at a total cost increase of only \$20.00 per year...or just \$1.67 a month.

Does the Insured now have impairment, disorder or disease which has been diagnosed by a member of the medical profession..... ☐ Yes ☐ No

Has the Insured been diagnosed by a member of the medical profession or tested positive for (HIV) Human Immunodeficiency Virus or AIDS (Acquired Immune Deficiency Syndrome)? ☐ Yes ☐ No

What is the insured's height (ft. in.)? _____ and weight (lbs.)? _____

Will this replace or change any life insurance or annuity policy you have? ☐ Yes ☐ No

Limitations: The full amount of insurance protection begins the first day the policy is in force. If the age has been misstated, the amount payable under the policy(ies) will be such amount as the premium payment would have purchased for the correct age. Benefits paid for death by suicide or material misrepresentation during the first two years the policy is in effect (except in MO) are limited to the return of premiums paid.

FRAUD STATEMENTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **In AZ:** Any life insurance producer, examining physician or other person who knowingly makes a false or fraudulent statement or representation in or relative to an application for life or disability insurance, or who makes any such statement to obtain a fee, commission, money or benefit is guilty of a class 2 misdemeanor. **In D.C.:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

I understand that the insurance applied for will become effective on the date this application is approved at Starmount's home office and the first payment made.

Your signature

____/____/____
Date

[L111627061]

SERFF Tracking #:	FRCS-128579961	State Tracking #:	Company Tracking #:	5771
State:	Arkansas	Filing Company:	Starmount Life Insurance Company	
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life			
Product Name:	Youth Life Filing			
Project Name/Number:	StarLife/61/61			

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR RDB.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Third Party Authorization		
Comments:			
Attachment(s):			
Auth 7-12-12.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification of compliance		
Comments:			
Attachment(s):			
AR COC.pdf			

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Starmount Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
12-001-AR	52.4
YLAPP-1	*
12-001 YLUP	*

* Scores 50+ when combined with the policy.

Jeff Wild

Digitally signed by Jeff Wild
DN: cn=Jeff Wild, o=Starmount Life
Insurance, ou, email=jeffw@starmountlife.
com, c=US
Date: 2012.07.12 15:45:56 -05'00'

Jeffrey G. Wild
Chief Financial Officer

July 12, 2012

Date

July 12, 2012

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Starmount Life Insurance Company

By: **Jeff Wild** Digitally signed by Jeff Wild
DN: cn=Jeff Wild, o=Starmount Life Insurance,
ou, email=jeffw@starmountlife.com, c=US
Date: 2012.07.12 15:45:08 -05'00'

Title: Chief Financial Officer

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Starmount Life Insurance Company

Form Title(s): Modified Whole Life Policy, Youth Application for Modified Whole Life Insurance

Form Number(s): 12-001-AR, YLAPP1, 12-001 YLUP

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.

Jeff Wild

Digitally signed by Jeff Wild
DN: cn=Jeff Wild, o=Starmount Life Insurance,
ou, email=jefw@starmountlife.com, c=US
Date: 2012.07.12 15:45:40 -05'00'

Jeffrey G. Wild
Chief Financial Officer

July 12, 2012
Date